



## DRIVER INFORMATION REQUEST

DRIVER LICENSE NUMBER—Please type or print			DATE OF BIRTH	
DRIVER'S LAST NAME		FIRST NAME		MIDDLE NAME
ARREST DATE		TRIAL DATE		
<b>TYPE OF REQUEST</b> <input type="checkbox"/> Certified Copy of Driving Record (CCDR) packet <i>Check one:</i> <input type="checkbox"/> DWLS/DWLR <input type="checkbox"/> DUI <input type="checkbox"/> No Valid Operators License <input type="checkbox"/> Other: ( <i>specify</i> ) _____ <input type="checkbox"/> Certified Photo ( <i>criminal cases only</i> ) <i>reason</i> _____				
NAME OF REQUESTOR		OFFICE/DEPARTMENT/COURT	(AREA CODE) TELEPHONE NUMBER	(AREA CODE) FAX
REQUESTOR MAILING ADDRESS _____ _____		<b>Return <i>CCDR requests</i> by:</b> e-mail: <b>DSCCDR@dol.wa.gov</b> fax: (360) 570-1247 mail: PO Box 9030 Olympia WA 98507 phone: (360) 902-3913		<b>Return <i>photo requests</i> by:</b> e-mail: <b>FRAUD@dol.wa.gov</b> phone: (360) 902-3915 fax: (360) 570-1246 mail: PO Box 9029 Olympia WA 98507

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

TR-511-001 DRIVER INFO REQUEST (R/3/04)OR/W